



DEPARTMENT OF PERSONNEL

209 E. Musser Street, Room 101
Carson City, Nevada 89701-4204
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MEMO PERD #24/01

July 6, 2001

TO: Department Directors
Division Administrators
Personnel Liaisons
Personnel Representatives
Employee Representatives

FROM: Jeanne Greene, Director
Department of Personnel

SUBJECT: Assembly Bill 285 – Appeal for Denied Catastrophic Leave

During the 2001 Legislative session, Assembly Bill 285 passed allowing employees who are denied catastrophic leave the right to appeal the decision to a five-member committee. To assist the committee and provide for consistency three forms have been developed to facilitate this process. The forms are listed below with pertinent information regarding each one:

- **Request To Use Catastrophic Leave (Form #PAY-23)** – This form is used for the employee to request approval of catastrophic leave. The form allows for approval or denial of a specified number of hours by the immediate supervisor and appointing authority.
- **Notification of Agency's Payroll Center (Form #Pay-23A)** – This form is used to notify the agency's payroll center of the approval to use catastrophic leave to ensure the proper record keeping is performed. A separate form was developed to provide for this notification due to the confidential nature of the health information contained on the above form (#PAY-23).

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- **Formal Appeal (Form #PAY-23B)** - This form is used by the employee to file a written notification of appeal with the committee within 10 days after the date of the decision.

For your convenience copies of the above forms are attached to this memorandum and are available in "softcopy" on Department of Personnel's website.

Due to limited time available to implement this new legislation these forms were developed with minimal user input. After reviewing and/or using the forms, you find areas that need revisions or should you have any questions regarding the information contained in this memorandum, please contact Kim Foster at 684-0102.

JG:rb

**NOTIFICATION OF AGENCY'S PAYROLL CENTER
(REGARDING A REQUEST TO USE CATASTROPHIC LEAVE)**

(Per NRS 284.362)

To be completed by person requesting leave or their immediate supervisor.

REQUESTOR: (Please print or type)	BUDGET ACCOUNT #:
NAME:	SOCIAL SECURITY NUMBER:
TITLE:	CLASS CODE:
GRADE:	HOURLY RATE:
DEPARTMENT:	DIVISION:

APPROVAL EFFECTIVE DATE: _____

NUMBER OF HOURS APPROVED: _____

TRANSFER _____ HOURS FROM THE GENERAL CATASTROPHIC LEAVE ACCOUNT.

TRANSFER _____ HOURS, FROM THE CATASTROPHIC LEAVE ACCOUNT, WHICH WERE SPECIFICALLY ALLOCATED FOR USE BY THE REQUESTOR.

Pursuant to NRS 284.3622, the maximum number of hours that may be transferred to an employee is 1,040 in any 1-calendar year.

Requestor Signature

Date

SUPERVISORY APPROVAL: (CHECK ONE) ☐ YES ☐ NO

Signature of Immediate Supervisor

Date

APPOINTING AUTHORITY: (CHECK ONE) ☐ YES ☐ NO

Signature and Title of Appointing Authority

Date

Distribution: Appointing Authority
 Agency Payroll Clerk
 Employee

Formal Appeal Catastrophic Leave Appeals Committee

Name of Appellant _____ Social Security # _____

Mailing Address _____ City _____ State _____ Zip _____

Job Title _____ Home Phone _____

Agency _____ Division/Section _____ Work Phone _____

Date Catastrophic Leave Requested _____

Date Catastrophic Leave Denied _____

Estimated date of disability: From: _____ To: _____

Number of hours requested: Hours: _____

Description of Catastrophe (NRS 284.362) _____

Per Chapter 425 from the 71st Legislative Session, "An employee aggrieved by any decision of an appointing authority made pursuant to NRS 284.362 to 284.3626, inclusive, may appeal from the decision by filing a written notice of appeal with the committee within 10 days after the date of the decision".

Please attach a copy of the denied "Request to Use Catastrophic Leave" (Form #PAY- 23), and any other pertinent documentation to this form and submit to:

Catastrophic Leave Appeals Committee
Nevada State Department of Personnel
209 East Musser Street, Room 101
Carson City, Nevada 89701